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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: H. Lowenheim Attorney Docket No.: SOPH116953
Application No.: 09/622,719 Group Art Unit: 1635
Filed: October 18, 2000 Examiner: K.A. Lacourciere
Title: METHOD FOR THE TREATMENT OF DISEASE OR DISORDERS OF
THE INNER EAR

SECOND DECLARATION OF JONATHAN KIL

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May 7, 2004

TO THE COMMISSIONER FOR PATENTS:

I, Dr. Jonathan Kil, declare as follows:

1. I am the CEO of Sound Pharmaceuticals, Inc., Seattle, Washington, and I am familiar with the subject matter disclosed and claimed in the above-identified application.
2. A copy of my *curriculum vitae* is appended hereto as Attachment B.
3. I have considered the Office Action dated February 13, 2004, issued in the above-identified application. It is my understanding that the Examiner has rejected claims in the application on the basis of lack of enablement. The Examiner has relied on Pfister & Löwenheim (2002) *Gentherapeutische Aspekte am Innenohr*, pp. 50-7 and Chen & Segil (1999) *Development* 126:1581-90 to conclude that it would take undue experimentation to control the development of sensory cells by administering an inhibitor of cell cycle inhibitors. In addition, the Examiner has relied on Löwenheim et al. (1999) *Proc. Natl. Acad. Sci. U.S.A.* 96:4084-8 to conclude that it is unclear whether release of cells from inhibition of proliferation would initiate the further events required to complete the hair cell regeneration process required to achieve a treatment effect for a disease or disorder of the inner ear.

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4. My colleagues and I conducted the following experiments (1) to assess the proliferation of supporting cells in the organ of Corti and the level of hair cell regeneration in response to aminoglycoside ototoxicity in p27^{Kip1} homozygous mutant mice, and (2) to evaluate the improvement in auditory function in p27^{Kip1} heterozygous mice treated with the ototoxic agent amikacin sulfate.

5. Mouse pups of p27^{Kip1} homozygous null (-/-) received amikacin (1800 mg/kg) from P7 to P12 by subcutaneous (sc) injection once daily. The mitotic tracer 5-bromo-2-deoxyuridine (BrdU) (30 mg/kg, sc) was injected once daily from P10 to P12 simultaneously. Control mice received equivalent injections of BrdU only. Animals were sacrificed 2 days after the last amikacin and BrdU injection.

Mice were decapitated, the cochleae were dissected out and perfused with 4% paraformaldehyde through the round window, then immersed in the same fixative for another 30 minutes. After further dissection, the cochleae were treated with 0.3% hydrogen peroxide in 90% methanol to reduce endogenous peroxidase activity. Cochlea were reacted with 2N HCl to denature the DNA, blocked with 10% horse serum for 1 hour, and incubated with biotin-conjugated sheep anti-BrdU antibody (1:300, BioDesign) overnight at 4°C. After rinsing, the tissues were incubated with an ABC solution (Vector Laboratories), washed, then reacted with diaminobenzidine nickel chloride. Samples were post-fixed with osmium tetroxide (1% in 0.1 M sodium cacodylate buffer), dehydrated through an ethanol series, infiltrated with a mixture of ethanol and historesin, and embedded in historesin. Semi-thin sections (4 microns) were cut and collected. The sections were counter stained with toluidine blue and examined using DIC light microscopy. Each section was examined and each BrdU-positive nucleus was recorded. BrdU-positive nuclei in the same cell type and location in adjacent sections were excluded to avoid double counting.

6. As shown in Table 1, cell proliferation in the organ of Corti of p27^{Kip1}^{-/-} mice was increased after aminoglycoside ototoxicity. 831 sections from an amikacin/BrdU-treated cochlea and 990 sections from a BrdU-treated cochlea were analyzed individually. Cell type determination was based on both morphology and location within the organ of Corti. Normalized values reflect the number of cells expected in the organ of Corti based on 1000 sections at 4 micron thickness.

BrdU-positive nuclei were observed in both hair cells and supporting cells. The number of BrdU-positive inner hair cells (IHCs) and outer hair cells (OHCs) increased following amikacin treatment. An increase in proliferation was also observed in inner phalangeal, Deiter's, and Hensen cells. These data indicate that many of the supporting cell types in the organ of Corti exhibit increases in proliferation in response to amikacin treatment and that the level of hair cell regeneration also increases in response to aminoglycoside ototoxicity.

7. To measure the improvement in auditory function in amikacin sulfate-treated p27^{Kip1} heterozygotes, mice (P7-P12) received systemic injections of amikacin sulfate (500mg/kg/d/s.c) for six consecutive days. Auditory function was measured two weeks and four weeks after amikacin sulfate treatment using the auditory brainstem response (ABR) using subcutaneous recording electrodes placed on three head points in isoflurane-anesthetized mice. The sound intensity threshold was determined by presenting single frequencies as different sound intensities (intensity measured in logarithmic scale or decibels). The higher the tone intensity that is required to elicit the ABR, the higher the auditory threshold, *i.e.*, the worse the auditory function. Significance is determined using one-way analysis of variance (ANOVA) for each stimulus frequency and intensity. Differences are considered statistically significant for p-values <0.05. The data set forth in Table 2 and FIGURE 1 shows auditory improvement in six p27^{Kip1} heterozygote ears compared to four wild-type ears. These results clearly indicate that cells

released from inhibition of proliferation as a consequence of decreasing p27^{Kip1} gene dosage do initiate and complete the hair cell regeneration process required to achieve an auditory improvement after treatment with an ototoxic agent.

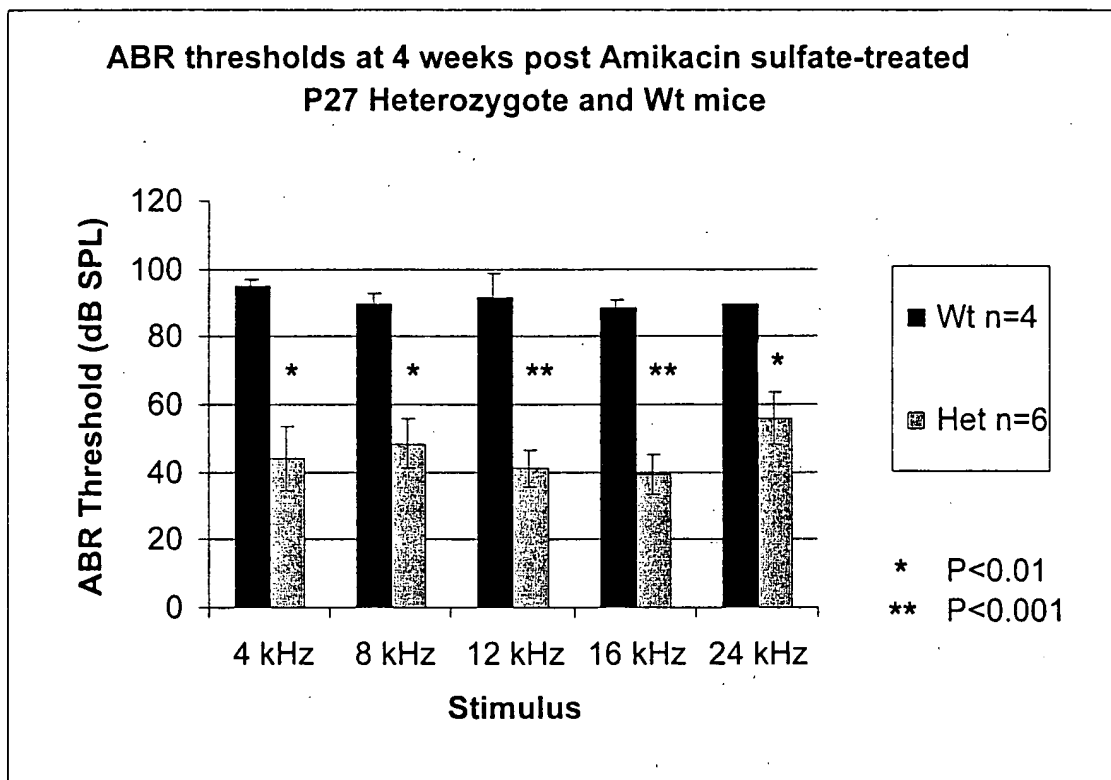
Table 1. BrdU-Positive Nuclei of Different Cell Types in the Organ of Corti in p27^{Kip1} Mice

Cell Type	Amikacin +BrdU		BrdU		Exp./Con.
	# of BrdU Nuclei	Normalized	# of BrdU Nuclei	Normalized	
Inner Phalangeal Cells	176	211.8	66	66.7	3.18
Inner Hair Cells	27	32.5	10	10.1	3.22
Pillar Cells	30	36.1	43	43.4	0.83
Outer Hair Cells	5	6	1	1	6
Deiter's Cells	9	10.8	5	5.1	2.12
Hensen Cells	128	154	30	30.3	5.08
Sum	375	451.3	155	156.6	2.88
Sections	831	1000	990	1000	

Table 2. ABR Thresholds at 4 Weeks Post-Amikacin Sulfate Treatment

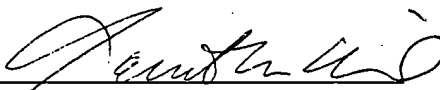
	4kHz	8kHz	12kHz	16kHz	24kHz
Wildtype Ears					
1	95	85	80	85	90
2	90	95	95	95	90
3	95	85	80	85	90
4	100	95	110	90	90
Mean	95.00	90.00	91.25	88.75	90.00
St. Dev.	4.08	5.77	14.36	4.79	0.00
St. Error	2.04	2.89	7.18	2.39	0.00
p27 ^{Kip1} Heterozygote Ears					
1	90	80	65	65	90
2	35	45	45	45	35
3	25	40	35	30	45
4	45	60	30	35	50
5	35	35	35	35	60
6	35	30	35	25	55
Mean	44.17	48.33	40.83	39.17	55.83
St. Dev.	23.33	18.62	12.81	14.29	18.82
St. Error	9.52	7.60	5.23	5.83	7.68
P	0.0029	0.0027	0.0004	0.0002	0.0074

FIGURE 1



8. All statements made herein and of my own knowledge are true, and all statements made on information and belief are believed to be true; and further, these statements were made with the knowledge that willful, false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful, false statements may jeopardize the validity of the above-identified application or any patent issued thereon.

Respectfully submitted,


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Date: 5/6/04

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Education:

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Georgetown University	MD/PhD (candidate)	1990-1992
University of California, Irvine	B.S. in Biological Sciences	1985-1989

Experience:

2001-	Founder, President, CEO Sound Pharmaceuticals Inc., Seattle, WA
1998-2001	Founder, President, CEO, CSO Otogene USA, Inc., Seattle, WA Member of the Vorstand, Otogene AG, Tuebingen, Germany
1996-1998	Senior Fellow Department of Otolaryngology-HNS and VM Bloedel HRC University of Washington
1992-1996	M.D./Ph.D. (candidate) Departments of Neurosciences and Otolaryngology-HNS University of Virginia (UVA)
1990-1992	M.D./Ph.D. candidate (transferred to UVA to conduct inner ear research) Departments of Cell Biology and Otolaryngology-HNS Georgetown University
1989-1990	Research Assistant Department of Anatomy and Neurobiology University of California, Irvine

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2000-2002	NIH SBIR Phase II #DC04258-02, P.I.
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1996-1998	Individual NRSA Postdoctoral Research Fellowship #DC00247, P.I.
1991-1992	American Hearing Research Foundation Research Grant, Co-investigator

Awards/Honors:

1995	Association for Research in Otolaryngology Medical Student Travel Award
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1991	Achievement Reward for College Scientists (ARCS) Foundation Scholarship
1989	Ralph W. Gerard Award for Outstanding Research
1989	Excellence in Research Honors

Publications:

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Kil, J., Hanigan, M. H., Taylor, Jr., P.T. and Hashisaki, G.T. (1996) Localization of gamma-glutamyl transpeptidase in the chick inner ear sensory epithelia. Soc. Neuro. Abs. 22, 1622.

Memberships:

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Application of new biological approaches to stimulate sensory repair and protection

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The inner ear governs hearing and balance via six sense organs, each composed of a few thousand mechanosensory hair cells. Most inner ear disorders involve irreversible loss of hair cells and their associated nerves. They are a function of age, genetic abnormalities and environmental factors such as noise and the use of ototoxic drugs. The genetics and cell biology of the inner ear have revealed some key molecular mechanisms of development and sensory degeneration that raise hopes for new therapeutic approaches to the regeneration of sensory function. This review highlights these advances and the approaches that might be taken to effect protection and repair. It concludes with the suggestion that we can expect tangible, practical progress towards the clinic over the next 5–10 years and that, to provide the training and skills required to take full advantage of emerging technologies, we should forge much closer links between specialist clinicians and basic scientists.

The challenge of sensory recovery

Hearing loss affects some 9 million people in the UK (<www.defeatingdeafness.org>). One in every 850 babies are born profoundly deaf and progressive or age-related hearing loss affects more than half of all people over 60 years old. In over 80% of cases, the cause is directly or indirectly related to degeneration and death of sensory hair cells and their associated spiral ganglion neurons (SGNs)¹. The vestibular sensory epithelia are also located within the inner ear and suffer progressive sensory losses that compromise mobility on a similar scale amongst elderly people.

Loss of auditory hair cells in adult mammals is currently irreversible (see Raphael, this volume) and the development of therapeutic techniques designed to replace them is a challenge. Optimism has been fuelled by discoveries that hair cells can be replaced in non-mammalian vertebrates, especially birds, which have provided some of the most promising mechanistic insights². This has been enhanced by evidence for growth of new hair cells in mammalian vestibular epithelia and lies in

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the context of the discovery that many tissues, long considered to be irreparable, contain stem cells that can be coaxed towards the task of functional repair³.

The causes of sensory loss within the inner ear are diverse, but by far the largest number of cases relate to age or to damage caused by noise or ototoxic drugs⁴. The genetic component is highly variable (see Bitner-Glindzicz, this volume). Sadly, numerous drugs used to treat life-threatening illnesses damage hair cells and their innervation directly. These include aminoglycoside antibiotics and drugs such as cisplatin, which is used for cancer treatment. Thus there is a need not only to seek methods of regenerating lost sensory cells but also to develop protective treatments against ototoxic drugs. Noise damage can obviously be avoided using much simpler protective measures such as ear muffs. However, many young people subject themselves to damaging noise levels, which may lead to significant hearing losses later in life.

There are no clinical treatments for the loss of vestibular hair cells. Loss of auditory hair cells, or cochlear function, can be addressed to some extent by insertion of a cochlear implant, which by-passes the sensory cells and delivers electrical stimuli direct to the SGNs within the auditory nerve⁵. Biotechnologies that enhance the interface between the implant electrode and the auditory nerve may widen the candidature for implants and improve the quality of perception⁶.

This article addresses the progress in the development of new biotechnologies for treating sensory loss in the inner ear. It does not offer a comprehensive review of the extensive literature, but should highlight research that best represents progress in the selected areas.

Cellular and molecular therapeutic targets

The selection of cellular targets depends upon the nature of the cell loss and whether the aim is to protect or to regenerate tissue. Protection of hair cells or spiral ganglion neurons (SGNs) requires knowledge of the mechanisms of damage and the factors that govern cell survival or death. To replace lost cells, it is necessary to identify potential precursors and to find the means of inducing either appropriate cell division or differentiation. Much of this kind of work is based upon the assumption that an understanding of basic developmental mechanisms will illuminate potential mechanisms for regeneration. Although this applies to a large degree, there are key differences between the two processes, not least because so many developmentally regulated genes are expressed only transiently during development. Added to this, there are significant differences between species and between sensory epithelia *in vitro* and *in vivo*⁷. Whilst identification of molecular targets depends upon a wide

spectrum of experimental preparations, *in vivo* studies with mammals are especially important for progress towards effective clinical application.

Approaches to the protection of hair cells and neurons

Growth factors

The clinical application of growth factors is complicated by wide-spread, potential side-effects and the need to deliver them locally and for long periods⁸. Many neurotrophic factors in man have a serum half-life of minutes or hours, and systemic application requires high dose levels to ensure that effective concentrations reach the desired target. This increases the chances of generating non-specific and undesirable side-effects. However, with respect to protective treatments in the inner ear there are two key advantages. The first is that drugs and other agents, including viral vectors, can be delivered directly into the enclosed environment of the inner ear fluids. The second is that application is required only transiently, during the administration of the ototoxic drug.

A considerable amount of groundwork is required to test applications in animals before proceeding to clinical trials, but current evidence is encouraging. Growth factors can influence cell proliferation, differentiation and survival and numerous studies have been carried out on inner ear epithelia from a variety of different animal species.⁹ Much of the work has focused on neurotrophin-3 (NT3) and brain-derived neurotrophic factor (BDNF), which are expressed by hair cells and act on tyrosine kinase receptors (trkB and trkC, respectively) on the sensory neurons¹⁰. Excitation of these receptors is important for neuronal survival^{10,11}. Interestingly, electrical activity in the neurons can induce secretion of BDNF and NT3¹² and it transpires that neuronal survival is dependent upon the presence of hair cells and on electrical stimulation¹²⁻¹⁴. Consequently, the loss of hair cells is associated with a loss of SGNs^{15,16}.

The progressive loss of SGNs has serious implications for the application of cochlear implants. Although there is little direct evidence from patients for a correlation between implant performance and the degree of innervation^{17,18}, the timing of implantation appears to be crucial in order to maximize the benefit from the remaining auditory nerve fibres¹⁹. Thus appropriate drugs that can protect the SGNs may be of potential therapeutic value.

The protective action of growth factors has been assessed in terms of hair cells²⁰ and nerves¹¹, but one study showed that a combination of agents directed against both cell types can provide significant functional protection against noise or drug-induced damage²¹. Inner hair cells release glutamate, which excites N-methyl-D-aspartate (NMDA) receptors on the dendrites of the SGNs. NMDA receptors have been implicated in

excitotoxic cell death and may be key mediators of damage induced both by noise or by aminoglycosides. NT3 protects SGNs during aminoglycoside treatment in guinea pigs²² and an NMDA antagonist helps to preserve hair cell morphology, the Preyer reflex and distortion product oto-acoustic emissions (DPOAEs) following similar treatment in the same animal²³. Applied together, shortly before noise damage or infusion of amikacin into the perilymph, the NMDA antagonist MK801 and NT3 prevent dendritic swelling, preserve the morphology of hair cells and SGNs and significantly decrease threshold shifts in the auditory brain stem responses (ABR)²¹. This kind of study is particularly important, being conducted *in vivo* with measurements of physiological function.

Shinohara *et al*⁶ refined the functional analysis by exploring the protective effects of neurotrophic factors in a guinea pig cochlear prosthesis model. Ears were perfused with 10% neomycin for 48 h to induce hearing loss followed by BDNF and ciliary neurotrophic factor (CNTF) for up to 29 days. A platinum electrode placed about 1.5 mm into the cochlea was used to stimulate the SGNs at weekly intervals before the experiment was terminated to allow the histology of the spiral ganglion to be assessed. There was a significant reduction in the electrically evoked ABR thresholds, which correlated with the density of surviving SGNs. The results are clearly very promising although potential side-effects and the longer term efficacy of the treatment will have to be analysed before clinical trials can be undertaken.

Apoptosis

Hair cells assaulted by aminoglycosides or excessive noise suffer a certain degree of damage and then die by apoptosis²⁴⁻²⁷. Apoptosis is a physiological response that controls cell death and may allow epithelial repair without excessive functional disruption, such as decay of the endocochlear potential. Hair cells can be rescued by blocking apoptotic pathways²⁸ and the associated intracellular signalling cascade involved also provides suitable molecular drug targets. Hair cells damaged either by the aminoglycoside neomycin or by excessive noise activate the c-Jun N-terminal kinase (JNK) pathway leading to apoptosis²⁶. Systemic application of CEP-1347, an agent which inhibits the JNK pathway, to guinea pigs *in vivo*, prior to the ototoxic stimuli, reduces hair cell loss in both auditory and vestibular epithelia and decreases temporary threshold shifts in the ABRs²⁷. Studies *in vitro* reveal that CEP-1347 is as effective as NT3 as a survival factor for SGNs²⁶. This small molecule can be applied systemically and may reach the target cells more effectively, although concerns about side-effects and long-term efficacy remain. Activation of caspases is an early event in apoptosis and caspase

inhibitors can protect both mammalian²⁹ and chick³⁰ hair cells from ototoxic damage.

Other protective agents

Aminoglycoside toxicity involves the formation of free radicals via the formation of iron complexes, a process that can be countered by treatment with antioxidants or iron chelators³¹. Recent clinical trials in China have shown that aspirin can act as an extremely effective therapeutic antioxidant, providing protection from ototoxic doses of aminoglycosides without the need to reduce the serum levels required for disease treatment³². The results of this trial are not yet published, but they promise a realistic, inexpensive treatment for one of the world's most common causes of hearing loss.

Approaches to the regeneration of hair cells and neurons

Replacement of lost cells is a more challenging task than protection. In practice, the latter applies where justified clinical intervention leads to predictable damage. In seeking mechanisms and likely drug targets for cell replacement, it is important to identify competent cells and then to find ways of stimulating their division and/or differentiation. Studies in development and regeneration suggest that supporting cells and hair cells share a common precursor and that mature supporting cells can form hair cells either via division or phenotypic conversion. A number of specific transcription factors involved in cell determination and differentiation in the inner ear have been identified. These molecules do not present attractive drug targets. However, components of associated intracellular signalling pathways that can regulate their function may do so, and it is worth exploiting *in vitro* preparations, including cell lines and epithelial or organotypic cultures to this end.

Growth factors and other agents in vivo

There is some potential for stimulating sensory regeneration in vestibular epithelia. Cell proliferation and the appearance of new hair cells in vestibular epithelia from adult rats was induced *in vivo* by infusion of insulin and TGF β into the cochlear scala vestibuli⁷. The mean numbers of supporting cells and hair cells labelled with tritiated thymidine within a whole utricular macula after 10 days of treatment was small, only 15 and 3, respectively. The response was enhanced by simultaneous application of gentamicin. Interestingly, similar treatment of vestibular epithelia *in vitro*

did not induce proliferation. This may be due to the fact that growth factor responses are integrated with signalling events via the extracellular matrix⁹, and it highlights the problems of correlating data from experiments *in vitro* and *in vivo*. It has also been found that insulin and TGF β induced or enhanced proliferation in most of the surrounding, non-sensory epithelia, including the transition zone, roof of the membranous labyrinth, underlying stroma and squamous mesothelium³³.

The potential side-effects of growth factor therapy may be subtle, but if detrimental effects occur within the inner ear then they may compromise functional recovery. This issue has been addressed by measuring horizontal vestibular-ocular reflexes (HVORs) in adult guinea pigs following treatment with gentamicin³⁴. It is significant that in this study the growth factor treatment, consisting of TGF α , IGF-1, retinoic acid and BDNF, was delivered 7 days after the gentamicin and *via* an infusion pump directly into the vestibule. A recovery in HVORs was associated with hair cell recovery, including type 1 cells in the cristae. This is a step forward, but problems relating to the complexity of the growth factor infusion and the longer term stability of recovery still need to be addressed.

The machinery of cell proliferation

Low levels of cell division and hair cell replacement occur in mammalian vestibular epithelia following hair cell loss³⁵. Experiments *in vitro* show that small numbers of cells in utricular sensory epithelia from guinea pigs and humans enter S-phase following treatment with aminoglycosides³⁶. The effects can be enhanced with various combinations of growth factors³⁷. Regeneration of hair cells in the auditory epithelia of birds very obviously involves a proliferative response, which is mediated by cAMP³⁸. The intracellular signalling pathways activated by the human recombinant glial growth factor 2 (rhGGF2) have been studied in supporting cell preparations derived from rat utricles^{39,40}. Brief exposure to forskolin, which activates adenylyl cyclase and increases cAMP, stimulates some cells to enter the cell cycle. The response is clearly increased in the presence of rhGGF2 and is blocked by inhibitors of membrane receptor recycling⁴⁰. The effects of rhGGF2 involve the activation of phosphoinositol-3-kinase, protein kinase C and mitogen-activated protein kinase and an increase in intracellular calcium, all of which trigger a mitogenic response. It is important to elucidate these intracellular events because the components may offer suitable drug targets. In mammalian epithelia, the cyclin-dependent kinase inhibitor p27^{kip1} is expressed in supporting cells and in null mouse mutants the number of hair cells and supporting cells is greater than normal^{41,42}. It may be possible to induce proliferative replacement of hair cells by suppressing p27 or associated proteins in supporting cells.

Conversion of supporting cells to hair cells

There is strong evidence that new hair cells can be derived by phenotypic conversion or transdifferentiation of supporting cells both in birds and mammals. Understanding the molecular mechanisms that underlie this process may reveal potential therapeutic targets. One way of addressing the issue is to screen cultures for molecular events in supporting cells following damage to sensory epithelia⁴³. FGF receptors are up-regulated in chick epithelial supporting cells^{44,45}, and a receptor-like protein tyrosine phosphatase (RPTP) is down-regulated⁴⁶. Down-regulation of RPTP is an early event following ototoxic damage and may be linked to release of an inhibitory influence on cell proliferation⁴⁶.

Non-sensory epithelial cells within the greater epithelial ridge (GER) can be converted into *bona fide* hair cells when transfected with the basic helix loop helix (bHLH) transcription factor Math1⁴⁷. Supporting cells and non-sensory epithelial cells are less versatile in adult ears. There is no evidence that Math1 can induce the same response in adult supporting cells or in cells that form the epithelial scar following hair cell loss. This is important because cells induced in this way must be located with some precision within the organ of Corti to detect vibration of the basilar membrane.

Gene therapy

Gene transfer provides a potentially powerful method of addressing a variety of problems. It is conceptually seductive, presenting the opportunity to achieve the ultimate in microsurgery. In principle, cells within the ear can be modified to secrete therapeutic gene products, such as growth factors, and they can be re-programmed to develop different functional properties or to correct an inherent genetic defect⁴⁸. In practice, there are many problems to solve on the roads to clinical application, not least the design and delivery of safe, effective vectors that reliably infect suitable target cells and confer appropriate levels of gene expression over a sufficient period of time.

Adenoviral vectors (AdV) are currently the most efficient and specific means of gene transfer to the inner ear. Non-viral vehicles such as plasmids, liposomes and synthetic polymers are much less efficient and certainly less specific. Amongst the different viral vectors applied either *in vitro* or *in vivo*, herpes simplex virus (HSV), vaccinia, lentivirus and adeno-associated virus (AAV) appear to be less effective⁴⁹⁻⁵¹. HSV may be better for infecting neurons⁵², but it is not effective for hair cells⁴⁹. However, the literature should be read with care. Different results may not be due to cell targeting but to delivery and access, especially when

comparing *in vitro* and *in vivo* data, or to viral titres, which vary between different studies. Cell targeting can be controlled by careful selection of the virus and the promoter used to express the transgene⁵³. Nevertheless, glial-derived neurotrophic factor (GDNF) delivered *via* AdV vectors can protect both auditory and vestibular hair cells^{54,55} as well as SGNs⁵⁶ from aminoglycosides.

Viral vectors are potentially toxic and both viral and transgene proteins may generate immune responses *in vivo*. Thus it is important to make functional assessments of hearing and balance when considering clinical application. Such measurements include distortion product oto-acoustic emissions (DPOAEs)⁵⁰, hair cell transducer currents⁴⁹, Preyer reflexes or balance tasks⁵⁷. Despite the difficulties, current progress suggests that gene therapy mediated by viral vectors is a significant, evolving field with real therapeutic potential. The transfer of genes that encode growth factors is attractive in the sense that, for secreted products, the target cells are less critical. However, cell targeting is essential if genes that regulate cell fate, such as *Math1*, are to be used directly.

Cell transplantation

Cell transplantation is a rapidly growing research field, particularly in terms of brain repair. It is hard to predict the outcome of transplantation experiments because interactions between cells and tissues *in vivo* are highly complex. Nevertheless, in some cases the behaviour of transplanted cells has been remarkably successful, revealing a plasticity demanding that this area of research be fully explored.

A great deal of progress has been achieved in the visual system where the first clinical trials for cell transplantation are now being considered⁵⁸. In animals, retinal transplantation of conditionally immortal pigment epithelial cells⁵⁹ or neural progenitor cells⁶⁰ can lead to sensory recovery that is measurable not only in the retina but also in the superior colliculus⁵⁹. The first animal experiments have recently been attempted in the auditory system, involving repair to the central auditory pathway⁶¹. Embryonic brain tissue was placed into a lesion in the ventral cochlear tract, resulting in some tissue regeneration and associated recovery of the ABR. Controls lacking the embryonic tissue displayed no recovery at all. Neural stem cells derived from the hippocampus have been implanted into the cochlea⁶². It is suggested that some cells adopted hair cell characteristics although the experimental evidence is at a very preliminary stage.

The choice of cells for transplantation is a key issue. Embryonic stem cells (ESCs) could potentially be used if they can be coaxed into a cochlear lineage. For example, they can be induced to differentiate into neuronal phenotypes in the presence of retinoic acid³. The task of

inducing auditory sensory or neural phenotypes may be possible with suitable manipulation. An alternative is to isolate cells from the otic placode, otocyst or even at later stages of inner ear development. Several reasonably successful attempts have been made to establish inner ear cell lines⁶³. Most lines have been derived from a transgenic animal that carries a conditionally expressed immortalising gene from the SV40 virus. The results show that it is possible to establish conditionally immortal, characterised cell lines that retain an inner ear phenotype. Surprisingly, the cells present realistic candidates for transplantation. Conditionally immortal, embryonic brain cells from the Immortomouse can migrate to sites of damage in the hippocampus and effect both structural and functional repair⁶⁴. This work has led to the development of methods to establish similar conditionally immortalised cells from human tissue. Attempts have been made to identify stem cells from adult, mammalian sensory epithelia^{65,66}, but this has not yet led to establishment of clonal, characterised cells with predictable phenotypes. The concept of cell transplantation in the ear is thus tangible even if the clinical application remains some way into the future.

Although transplantation of sensory cells into the auditory system seems highly unlikely given the extremely specialised mechanics of the organ of Corti, the task of replacing lost SGNs is more tractable. However, cell replacement is not the only potential application for cell transplantation. Cell lines can be engineered for *ex vivo* gene transfer, that is to deliver secreted products such as growth factors and thus replace neurotrophic functions compromised by the loss of hair cells or supporting cells.

Drug delivery

The method of administering drugs, growth factors or viral vectors to the inner ear depends upon the problem and the desired target cells. It may be systemic²⁶ or by direct perfusion, often via a mini-pump⁶⁷, into cochlear or vestibular chambers¹¹. It can also be achieved by diffusion across the round window⁶⁸. The movement of solutes within the inner ear is not uniform and must be modelled carefully to ensure that the appropriate drug doses are applied^{69,70}. For example, intratympanic administration of aminoglycosides is used to treat intractable vertigo in patients with Menière's disease^{71,72}. At appropriate doses, the drug can target the vestibular epithelia with limited effects on the auditory system. However, functional communication between the cerebrospinal and inner ear fluids can facilitate spread of adenovirus from one inoculated ear to the contralateral ear⁷³. These issues are extremely important for any future therapeutic intervention.

Key points for clinical practice

- At present, very few clinicians venture through the oval window. However, the research described in this chapter should hopefully stimulate awareness that many different types of therapeutic intervention are being explored.
- Some interventions may move to clinical trials in the next 5–10 years, others may sink without trace. Regardless of the specific outcome, we should be training more clinicians to understand the structure and function of the inner ear and to take an active part in current research during their training.
- There are numerous potential projects to pursue within a variety of research centres around the world so the trainees of today have every opportunity to equip themselves for future developments.

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CLUSTAL W (1.82) multiple sequence alignment

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CLUSTAL W (1.82) Multiple Sequence Alignments

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Start of Multiple Alignment

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Aligning...

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Group 2: Sequences: 3 Score:9773

Alignment Score 10896

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